

Instrumentation Recommendations for the National Survey of Child and Adolescent Well-being (NSCAW II)

Changes to modules in the Caregiver, Child, and Caseworker instruments:

NSCAW II Instrumentation Recommendations: Health and Mental Health Status and Services Work Group				
Construct	NSCAW I Status	Workgroup Proposal	Rationale	Impact on respondent burden
Caregiver Substance Abuse	CIDI-SF, Alcohol and Drug modules	Replace Composite International Diagnostic Interview Short-Form (CIDI-SF) alcohol dependence (AD) and drug dependence (DD) sections with the Alcohol Use Disorders Identification Test (AUDIT) and the Drug Abuse Screening Test (DAST-20) screeners.	NSCAW studies examining caregiver substance abuse are generally finding rates below national norms. Consequently, the CIDI-SF may be underrepresenting substance use for this target population—potentially due to its dependence/diagnostic focus. The CIDI-SF does not adequately capture substance abuse (as opposed to dependence) and substance abuse-related impairment. The AUDIT and DAST have national norms and are commonly used in the field. They emphasize impairment.	Moderate. The AUDIT is approximately 10 items in length, while the DAST has 20 items. Replacing the CIDI-SF with these scales would add approximately 10 total items in this ACASI section.
Caregiver Depression	CIDI-SF, Depression module	Maintain CIDI-SF in depression (DP) section of instrument. Refine existing questions to better assess onset, chronicity, and treatment. Use National Comorbidity Study (NCS) to guide development of new items.	NSCAW studies have shown high rates of caregiver depression. Given we now have information about the high prevalence, it is more important that better information be gathered about onset, chronicity and treatment.	Slight. This is only a slight revision to existing items. The additions are only asked of respondents who responded positively to early Depression screening items.
Caregiver Insurance Status	Not assessed	Add item that approximately parallels the child insurance status questions. Note: Assess in Permanent Caregivers only.	This is critical to understanding service access. Child insurance cannot serve as a proxy for caregiver insurance status.	Slight. Adds 1 item
Caregiver	Conflict Tactics	Update to Conflict Tactics Scale-2	This instrument has been updated since NSCAW I	None.

Domestic Violence	Scale (CTS) – Physical Assault subscale	(CTS-2). Continue to administer only the Physical Assault subscale.	began in 1999.	
Permanency Planning	Project-developed items	Refine this section to focus primarily on adoption and guardianship.	Only a subset of items in this section were of interest to researchers in NSCAW I.	Positive. Significant portions of the module will be deleted.
Income	Project-developed items	Extend the income levels to go beyond the current \$50,000 maximum; rather than asking about “number of people” who depend on income, break out categories to “number of children” and “number of adults”. Add an item that asks CG to report on the total number of adults who contribute to the household income. Revise introductory item to remind respondents to consider all sources of income.	NSCAW I data users have requested greater specificity in the income items in order to calculate poverty levels and better understand the number of household members contributing to , and dependent upon the overall income.	Slight. Will add approximately 2-3 items.
Child Health and Disability Status	Project-developed health and disability items; At Wave 5, some items taken from National Health Interview Survey (NHIS)	Replace all current health and disability items with the Questionnaire for Identifying Children with Chronic Conditions – Revised (QUICCC-R; used with the National Survey of Children with Special Health Care Needs (SHCN)). The QUICCC-R has 15 items. Revise chronic health conditions list using list from SHCN survey. Supplement the SHCN list with the following conditions assessed in NSCAW I: dental problems, eczema/other skin disease, other respiratory problems, repeated ear infections, and “other” (type in condition names). Also ask caregiver about each chronic health condition (in yes/no format) rather than only coding those conditions that caregiver spontaneously reports.	Since the current items were adapted from NHIS, direct comparisons cannot be made and there is no standardized scoring. The QUICCC-R will have national comparison standards and is intended to be scored to indicate the presence of a special health care need (yes/no).	Slight. Estimated to be the same (or shorter than) as the approximate length as the disability/health items in the Wave 5 interview, but caregivers will be asked about to report on each conditions (n=approximately 20 conditions).

		Given focus on obesity as a child health condition, add items for height/weight of child; if child has weight problem.		
Child Health Services	Project-developed items taken from NHIS	Enhance existing items with an increased emphasis on the medical home and care continuity (look to NHIS and/or MEPS for comparable survey items). Important concepts are changes in providers, number of visits for preventive care, places visited for preventive versus acute care. When asking caregivers for the reasons they did not use a service, add category for “service not available”. Add NCS item asking if child is on prescription medications, ask caregiver to bring pill bottles to field interviewer. Field interviewer will record up to five medications. If caregiver cannot provide bottles, ask for the number of medications and to report on the condition(s) for which they are taking medications	The issues related to health services have changed in emphasis since NSCAW I. In particular, there is a growing emphasis on the need for care continuity and access to a medical home. NSCAW questions need to be revised to reflect this. Concerns about the use of psychotropic polypharmacy are growing across the country—these concerns are especially true within a CWS population. It would be incredibly time to very carefully assess psychotropic polypharmacy to provide national data about a potentially concerning trend.	Slight. General health service questions will only be revised and should not increase burden. Assessment of psychotropic polypharmacy will be new and will add approximately 4-5 items.
Child Functioning	Daily Living Skills domain of Vineland Screener (administered to children 0-10 years)	Administer two subdomains of the Vineland Screener - Socialization, and Daily Living Skills. Expand use to assess functioning in all children age 0-17 years. Add Brief Infant Toddler Social Emotional Assessment (BITSEA) screener to assess functioning in children 12-18 months.	The Daily Living Skills domain of the Vineland Screener has not been useful to the field and for some age groups (e.g., infants/preschoolers) may be providing misinformation. Including it apart from the other Vineland Screener domains has not been helpful. An adequate measure of functional status is essential to characterizing what children <i>can</i> do (to supplement deficit measures). Functional problems often occur long before a child becomes symptomatic. Consequently, information on functioning may be important for the field to study as a mechanism to understand points for early intervention. Assessing functioning consistently across the lifespan will be important for longitudinal assessment. The Vineland is the most well-standardized and nationally normed measure of	Moderate to Major. Vineland addition would add 15 items from the Socialization subdomain. BITSEA addition would add 42 items for caregivers of 12-18 month old children (approximately 7-10 minutes).

			<p>childhood functional status.</p> <p>Even with the addition of the Vineland subdomains, there are still very few items appropriate for infants and toddlers. The BITSEA would help to fill this gap through a more in-depth assessment of the social and emotional functioning of the youngest NSCAW children (12-18 months). At 18-months, children will begin receiving the CBCL.</p>	
Child Mental Health	CBCL	<p>No change but NSCAW II will use revised Child Behavior Checklist (CBCL) that is appropriate for children 18 months and older.</p> <p>Note: Items from the previous version of the CBCL will be maintained (approx 6-10) and new items will be added so that analysts can choose their preferred method of scoring.</p>	N/A	None
Child Insurance Status	Project-developed items	<p>Ask HMO/non-HMO question of all respondents (to designate those with Medicaid HMOs) as opposed to limiting it to those with private insurance only. Add a question which assesses insurance continuity. Structure insurance items in the same manner described for caregivers (e.g., record from insurance card or from drop-down of state insurance programs.</p>	<p>The current survey items assess HMO status only for private insurance, while many Medicaid plans include HMO options. Insurance stability and continuity is an important factor in service access. This is not currently assessed in NSCAW—asking about this would require only minimal additional time and be important to consider.</p>	Slight. Adds 5-6 items.
NSCAW II Instrumentation Recommendations: Infancy/Early Childhood Work Group				
Construct	NSCAW I Status	Workgroup Proposal	Rationale	Impact on respondent burden
Cognitive Status	Kaufman Brief Intelligence Test	Administer K-BIT only once per child	Analyses on the KBIT have not demonstrated systematic change in IQ scores over time. To reduce	Positive. Child respondents will

	(K-BIT) – Expressive Vocabulary, Definitions, and Matrices		respondent burden, recommend administering the K-BIT only once to children age 4 and older.	receive this module at only one wave.
Cognitive Status	Battelle Developmental Inventory (BDI) – Cognitive subscale	Use revised Battelle (2 nd edition) to administer Cognitive subscale to children ages 0-4.	The BDI is used by analysts to determine Part C eligibility – making it a critical measure on NSCAW. The BDI has only a small set of items for infants and toddlers, however, making it difficult to identify developmental delays. The 2 nd edition has increased the number of items and has updated norms by age.	Moderate. Addition of approximately 2-5 items per age group.
Exposure to Violence	Violence Exposure Scale (VEX-R)	Maintain the VEX-R, but administer it only to children ages 8 and older.	The VEX-R requires children to look at a series of cartoons and answer questions about household violence. The authors of the VEX-R indicate that children with developmental delays may have difficulty separating fact from fiction and may mis-report on violence observed. During the Wave 5 Infant Follow-up, field staff noted that the majority of children did not understand the VEX-R items that trigger mandatory reporting. The RTI IRB agreed that these items should be skipped due to mis-reporting in this young age group. Because NSCAW already includes the additional probes recommended by the VEX-R authors to decrease false reports, it is recommended that the age of administration for this measure be raised from 5 to 8 years. NSCAW analyses revealed reliability over time for 8 year olds. In addition, 8 years of age is the cut-point for self-report of Trauma on NSCAW.	Positive. One less instrument module for children under 8.
Attachment	Not assessed	Assess attachment via the Toddler Attachment Sort-45 (TAS-45) used on ECLS-B. This measure is a modified version of the Attachment Q-Sort. Assess in infants and toddlers age 15-33 months.	Assessment of attachment and the toddler-caregiver relationship overall is important to ACF and to developmental researchers and is recommended as an addition for NSCAW II. The TAS-45 gives a snapshot or profile of the toddler-caregiver relationship in a given context on a given day. It is sensitive to change over time. Comparison data are available through another large federally-funded study, ECLS-B.	None. This instrument is completed by the field interviewer immediately after the home visit. For each set of three items, the interviewer indicates which of the statements is “most

				like” and “least like” the behavior of the toddler just observed.
Psychological Adoption	Not assessed	Add items for foster parents that assess the extent to which the parent is emotionally/psychologically invested in the child and their history of foster parenting. Modify current “This is My Baby Interview” open-ended items (Dozier) for NSCAW survey use.	Research suggests that higher levels of commitment from foster parents is associated with placement stability over time. The current NSCAW sections on adoption and permanency planning do not assess this facet of foster parenthood.	Slight. This addition would result in 3-4 new items for foster parents.
Academic Achievement	WJ-III	For children under age 11, administer three subtests of the Woodcock-Johnson III: Letter-Word Identification, Applied Problems, and Passage Comprehension. For children 11 and older, administer two subtests: Letter-Word Identification and Applied Problems. Do not administer Computation to any age group.	The WJ-III replaced the Woodcock Mini-Battery of Achievement (MBA) at Wave 5. The administration of four subtests of the WJ-III has negatively impacted the overall length of the child instrument, particularly for adolescents ages 10-17. To reduce respondent burden, only two subtests will be included in NSCAW II. These tests will provide key data on literacy and mathematics skills.	Positive. This deletion will result in one to two fewer subtests being administered to children and will reduce administration time for children 11 and older by 15-20 minutes.

NSCAW II Instrumentation Recommendations: Late Adolescence Work Group

Construct	NSCAW I Status	Workgroup Proposal	Rationale	Impact on respondent burden
Adolescent/Young Adult Substance Abuse	CIDI-SF, Alcohol and Drug (Young Adult),	Replace current measures in order to better account for adolescent-specific phenomena (e.g., binge drinking), substance abuse, and	NSCAW’s adolescent measure of substance abuse is outdated (fails to ask about more recent drug phenomena) and not tailored to adolescence. It also fails to measure dependence and substance-abuse related impairment.	Moderate. Will add approximately 4 items for all children and 10 items for those who

	Drug Free Schools (Adolescent)	associated impairment. Administer alcohol and drug items from the Youth Risk Behavior Survey (YRBS). For youth who have used drugs/alcohol, follow-up with the 6-item CRAFFT to assess risk behavior and potential abuse.		endorse drug/alcohol use.
Adolescent/Young Adult smoking	Not assessed	Add 3 items (current use, amount, attempts to quit) from AddHealth.	Smoking is an important health consideration in adolescence and not assessed at all in the current NSCAW.	Slight. This will add 3-5 items for children ages 11 and older.
Adolescent work	Not assessed	Add 3 work questions from AddHealth (e.g., working for pay outside the home, hours spent working during non-summer months, and hours working in summer months).	NSCAW currently asks young adults (18 and older) about work history, but not younger children. Some research suggests that working outside the home is beneficial for well-being, but that working a substantial number hours at a young age has the reverse effect.	Slight. This will add 3 items for children ages 12 and older.
Parental Monitoring of Adolescents	Parental Monitoring scale (Didion et al., 1991)	Replace with Supervision-Child Scale used on Fast Track Project (revised from the Supervision/Involvement Scale of the Pittsburgh Longitudinal Study).	Current NSCAW scale has only 6 items and inadequate scoring criteria or comparison studies. Supervision-Child measure will allow for comparison with Fast Track. Items tap more significant monitoring criteria such as where children's typical whereabouts after school, during evenings, and on weekends.	Moderate. This scale will add 12 items for children ages 10 and older.
Deviant Peer Affiliation	Not assessed	Add 6-item Deviant Peer Affiliation measure (Capaldi and Patterson, 1989).	Involvement with peers who engage in risky or deviant behaviors may be a predictor of delinquency or other negative outcomes.	Slight. This will add 6 items for children ages 11 and older.
Adolescent/Young Adult Sexual Activity	LongSCAN	Add items that focus on voluntary or forced sex;; number of sexual partners, contraceptive methods; family planning/STD services; sex education through formal courses	Revisions will allow for a wider description of sexual behavior, including behavior related to pregnancy and the risk of acquiring sexually transmitted diseases. NSCAW did not adequately capture information related to receipt of reproductive health information and services. Adding these items will assess how adolescents are educated about sexual activity and contraceptive options.	Slight. This will add 6-8 new items for children ages 11 and older.
Adolescent Delinquency	Modified Self-Report of Delinquency (Elliott & Ageton, 1980)	Maintain existing delinquency measure, but add items about graffiti, gang membership, and running away. Delinquency items in NSCAW	The current NSCAW measure is still considered the gold-standard, but researchers in this area advocate adding items to this measure to gather information on graffiti and running away. There may be seasonal effects related to delinquent acts,	Slight. Adds 3 items.

		used the reference period used in the National Youth Survey (NYS) – items refer to acts in the past 6 months. The timeframe for the Elliott & Ageton measure should be 1-year. Consider using in the last 12 months (baseline) and since the last interview (Wave 2) for NSCAW II. Also add a response category for 10 or more acts.	making a 1-year timeframe more realistic given that NSCAW interviews take place throughout the year. Changing the reference period from 6 months to 1-year will have implications for comparing the NSCAW I and NSCAW II datasets, however.	
Adolescent/Young Adult Injuries	Child Health and Illness Profile – Adolescent edition (Starfield et al., 1995)	For children who answer “yes” to “In the past 12 months, how many times has someone physically hurt you on purpose”, ask follow-up items related to type of injury, context of injury, and perpetrator.	Children in the Wave 5 Adolescent Follow-up are endorsing this item at a higher rate than seen in previous waves. More detail is needed about the type of injury, context where the injury occurred, and person inflicting the injury if the child indicates that it was not a caregiver.	Slight. Adds 2-3 items for those children/young adults who endorse being “physically hurt on purpose”.
Young Adult Physical Health	SF-12 and NHIS list of chronic health conditions	Maintain SF-12; Use list of chronic conditions proposed for Child Health but also include AIDS, STDs, vision/hearing items.	Continue use of SF-12 for data consistency with Young Adult Follow-up that began in 2006 and was first time child respondents reported on their own health. Use of same chronic condition list that is asked of caregivers will provide consistency over time as child moves into young adulthood.	Positive. Removes items on approximately 20-25 chronic conditions from current Young Adult interview.
Young Adult Educational Attainment	Project-developed items	Consider adding items that assess future plans for educational attainment – what the young adult is planning to do even if they do not currently have the resources or a formal plan in place.	Current NSCAW items ask about educational attainment and status, but not about future plans for ongoing education.	Slight. Adds 1-2 items about future expectations with regard to formal education.
NSCAW II Instrumentation Recommendations: CPS/Caseworker and Agency Issues Work Group				
Construct	NSCAW I Status	Workgroup Proposal	Rationale	Impact on respondent burden
Case Investigation	Project-developed	Add items asking if there was a criminal investigation and if	Criminal investigation items provide more information on perpetrator of abuse. If perpetrator is charged criminally, it	Slight. Adds 3-4 items.

	items	<p>charges were filed.</p> <p>Add item that clarifies whether case was handled as an assessment or an investigation.</p> <p>Add item that asks about the person who reported the incident/report to the authorities (i.e., teacher, relative, neighbor, anonymous caller, etc.)</p> <p>Add one item asking if the CW referred the family for any services. If yes, CW selects all services that apply from a showcard. Showcard should include inclusive list of services, not just child welfare services.</p> <p>*Note: Consider using this item as one of the potential triggers for an 18-month follow-up interview with CW.</p>	<p>affects family outcomes and child placement.</p> <p>More child welfare agencies now have dual-track systems and it is important to know if the case was handled as an assessment or an investigation (or an assessment that later became a full investigation).</p>	
Risk Assessment	Project-developed items based on risk assessment measures from five states	<p>Add Safety Assessment items that provide information on child's living conditions and safety at the time of the investigation. Acquire safety assessments from several county child protective services program; identify common set of categories across jurisdictions and use these items as the basis for NSCAW II safety items.</p> <p>Delete six items in the Investigative Caseworker interview that ask caseworkers to predict the likelihood of a re-</p>	<p>One consistent recommendation for NSCAW II has been the need to collect more information on the family of origin and to capture a snapshot of the child's living environment at the time the investigation occurred. The Safety Assessment items provide more detail on the status of the child, caregiver, and household at that time.</p>	<p>None. Deleting six items, and adding approximately the same number of new items.</p>

		report.		
Alleged Abuse	Project-developed items	<p>Add abuse categories, including: prematurity/low birth weight, substance exposure (born with drugs in system), domestic violence, substance-abusing parent, voluntary relinquishment, children in need of services (CHINS), and investigation/report was the only way to get services needed for the family.</p> <p>Consider adding items about the outcome of the investigation to determine if substantiation is based on level of evidence or risk of harm to the child.</p>	<p>These categories are missing in NSCAW and may be contributing to a considerable number of caseworkers selecting “other” abuse types.</p> <p>NSCAW analyses on caseworker judgment and substantiation indicate that substantiation may be more significantly related to the level of evidence than to the risk of harm to the child.</p>	None. Adding response options to existing item.
Living Environments (Caseworker)	Project-developed items	<p>Include this module in both the baseline Investigative CW instrument and the Wave 2 Services CW instrument for NSCAW II.</p> <p>Update placement type categories in item LN1 (e.g., create separate categories for birth and adoptive parent’s homes, add pre-adoptive home, add runaway or whereabouts unknown, add other public agency, etc.).</p> <p>Move this key module closer to the beginning of caseworker interview. Also, acquire administrative data (NCANDS, AFCARS) on placements.</p>	Placement types currently included in NSCAW do not reflect federal and state law. Need to update categories with current placement types.	Slight. Adding response options to existing item. Adding 2 items.
Caseworker Background	Project-developed items	Wave 1 Investigative Caseworker interview: Collect caseworker background data (add module CB at Wave 1).	Research indicates that the availability, responsiveness, and commitment of the caseworker are central to successful child welfare services and these casework characteristics are a product, in part, of the organizational social context	Major. OSC measure will take approximately 15 minutes to complete.

		Wave 2 Services Caseworker interview: Keep module that collects caseworker background data (CB). Add new module on organizational climate. Use Organizational Social Context (OSC) measure (Glisson) to assess culture, climate, and social context of agency.	(culture, climate and work attitudes) of the work environment of the caseworker.	Note that we only want to administer this measure once per CW, but each CW may be reporting on multiple children.
Services Received	Project-developed items	Wave 1 and Wave 2 Caseworker interviews: Add three items to ask more directly about attempts to reunify with biological father: 1) was an attempt made to place the child with his/her biological father?, 2) if not, why?, 3) if CW reports that father was unavailable, ask if there was an attempt made to locate the biological father. Wave 2 Services Caseworker interview: Delete items about house repairs, home management.	Reunification with biological father (if possible) is a CPS priority . Service categories need to be updated to reflect current CPS offerings. Some service categories are too broad and/or vary in their content across agencies to be analyzable. Need to gather detail about the content of the services being provided.	Moderate to Major.
Satisfaction with Caseworker (Caregiver)	Project-developed items	Check item wording in this section – may be higher than 6 th to 8 th grade reading level. Streamline this section – consolidate three items that assess caseworker availability and have a Cronbach’s alpha of .99. Consolidate five items that assess caseworker responsiveness and have an alpha of .91.	Check reading level to be sure caregivers can understand this ACASI section. Delete items that are measuring the same construct.	Positive. Delete 2-4 items.

Summary of Instrument Revisions - Teacher Survey

Overall, very few edits were recommended for the Teacher Survey. The most significant change to the Teacher Survey for NSCAW II will be an additional modality. In this round of the survey, teachers will have the option of completing the survey in the standard paper-and-pencil format or via an identical web-based instrument.

A small set of items were recommended for deletion, including:

- *Grade Progression/Academic Performance* section
 - Item probing for the main reason that student repeated a grade
 - Item asking teacher to report on the percentage of students in their class who have repeated a particular grade
- *Special Educational Needs of the Child* section
 - Items that require teachers to differentiate whether the student only, family only, or both student and family are receiving a particular special education service
 - Items that require teachers to indicate the agency that provides or delivers special education services to the student and his/her family
 - Items asking teachers to report on the existence of formal interagency agreements to coordinate special education services to students

Refinements were made to several items, as follows:

- *Grade Progression/Academic Performance* section
 - Item assessing the student's academic performance was modified to include closed-ended categories that reflect that main school subjects of interest to NSCAW researchers (e.g., reading, mathematics, etc.). In the previous round, teachers were asked to write in the student's school subjects. The open-ended format led to too numerous verbatim categories and did not yield analyzable data.
 - Item probing on any behavior or discipline problems was updated to ask specifically about "suspension or expulsion" rather than about notes being sent home or parents being asked to talk to the principal or teacher.
- *Special Educational Needs of the Child* section
 - Item asking whether student has received special education was modified to ask if child has "ever" being classified as needing special education.
 - Items for students who have an Individual Education Plan (I.E.P.) or an Individualized Family Services Plan (I.F.S.P.) were refined to ask about both primary and secondary IDEA (disability) codes, respectively.

Summary Instrument Revisions - Local Agency Director Interview (LADI)

Overall, because of high levels of item nonresponse in NSCAW, the number of items and the number of response options were condensed on the LADI.

Omissions include:

Items about factors that are less salient now than at the time of NSCAW I:

- Satellite offices
- Specialized service units
- Recent changes in funding
- Written protocol for investigating families of drug-infected infants
- Effects of TANF on child welfare agency
- Effects of the Adoption and Safe Families Act (ASFA)
- Effects of the Multi-Ethnic Placement Act (MEPA)

Items that garnered very few responses, perhaps because they were difficult to answer:

- How long agency supervised cases after reunification (n=37)
- Maximum allowed time between reports and contact for each type of allegation
- Use of performance-based measurement (not meaningful w/o more prompts)
- Changes in local context (e.g., unemployment rate)
- All open-ended prompts (e.g., ‘What are your greatest concerns about the future of child welfare services?’)
- % staff contractual, union
- Salary structure and how positions funded
- Foster care policies (e.g., preferences to relatives) and incentives (specialized payments)
- Disposition of cases (e.g., number not referred versus referred for investigation)

Items for which there was such an imbalanced distribution of responses that the statistical power for analyses would be very limited:

- Whether or not agency used structured decision making at all
- Whether or not the agency required a college degree for caseworkers
- Whether or not pre-service training was required for new workers

Items that were measuring similar phenomena were condensed into more global categorizations:

- Training for staff and families
- Expenditures (replace with a single categorical measure of agency budget)
- Number of staff (replace with a single prompt about filled FTEs)
- Subcontracting (no longer ask when it started, for instance)

Items tapping new areas of interest were added:

- Perceived adequacy of local health and social services
- Involvement of former child welfare parents as partners in agency activities
- The evidence basis of structured risk assessments
- Director tenure, formal education (including whether or not social work, sex, and race/ethnicity)
- State support for Child and Family Services Review (CFSRs)

- To the extent possible, some information will be gathered from administrative sources (AFCARS, NCANDS), including:
 - %s of caseload coming from different major referral sources
 - %s of funding sources (revenue) from different sources (e.g., Medicaid, state funds, Title IV, etc.)
 - # of case reports by county
 - Status of CFSRs – were performance plans met?

Summary of Item-Level Changes for NSCAW II – Caregiver, Child, and Caseworker Instruments

Caregiver Depression (Caregiver Instrument): Items are added if respondent endorses depressive episode

P_DP17

[IF WAVE = 2, GOTO P_DP19.] Think of the **very first time** in your life when you had a period where you felt uninterested in things and had some of the problems you reported earlier that lasted two weeks or longer.

About how old were you?

INTERVIEWER NOTE: @b**IF**@b RESPONDENT RESPONDS WITH “ALL MY LIFE” OR “AS LONG AS I CAN REMEMBER”, PROBE: Was it before you started school? IF YES, ENTER 4 FOR AGE. IF NO, PROBE: Was it before you were a teenager? IF YES, ENTER 12 FOR AGE. IF NO, ENTER 13 FOR AGE.

AGE:

Range: 1-90

P_DP18n

About how long did this period when you felt uninterested in things last?

NUMBER:

Range: 1-100

P_DP18u

(Is that...)

- 1 = DAYS
- 2 = WEEKS
- 3 = MONTHS
- 4 = YEARS

P_DP19

Did you ever have a year or more in your life when @bjust about every month@b you felt uninterested in things for several days or longer?

- 1 = YES
- 2 = NO

P_DP20

[IF P_DP19 = 1 OR WAVE 2, CONTINUE. ELSE GOTO P_DP21.]

@bIn the last 12 months@b, did you ever have a time when just about every month you felt uninterested in things for several days or longer?

- 1 = YES
- 2 = NO

P_DP21

Did you take any prescription medications for being uninterested in things at any time in the past 12 months?

- 1 = YES
- 2 = NO

{GOTO P_DPEND}

Caregiver Insurance (Caregiver Instrument): items added for all respondents

P_SR111

Now we would like to know about your insurance coverage. What is your current insurance status? Are you covered by...

- 1 = Military health insurance, such as CHAMPUS, CHAMP-VA, TRICARE, or VA care,
- 2 = A health insurance plan through a current or past employer or union,
- 2 = Medicaid or another state-funded program,
- 3 = Indian Health Service,
- 4 = Medicare,
- 5 = Health insurance bought directly from an insurance company, or
- 6 = Do you not have insurance of any kind (completely self pay)?

Child Health & Disability (Caregiver Instrument): item added for all respondents

Obesity

Can you tell me approximately what ^CHILD 's height is?

FEET:

Range: 0-6 ____

P_HS1h40ni

Can you tell me approximately what ^CHILD'S height is?

INCHES:

Range: 0-11 _____

P_HS1h41n

Can you tell me approximately what ^CHILD'S weight is?

POUNDS:

Range: 0-350

P_HS1h42

Do you consider ^CHILD now to be...

- 1 = Overweight
- 2 = Underweight, or
- 3 = About the right weight?

Chronic Conditions: this list replaces original list of chronic condition items for all respondents

P_HS3a1a

To the best of your knowledge, does ^CHILD currently have any of the following:

Asthma?

- 1 = YES
- 2 = NO

P_HS3a2a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder, that is ADD or ADHD?

- 1 = YES
- 2 = NO

P_HS3a3a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Autism or Autism Spectrum Disorder, that is ASD?

- 1 = YES
- 2 = NO

P_HS3a4a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Down Syndrome?

- 1 = YES
- 2 = NO

P_HS3a5a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Mental Retardation or developmental delay?

- 1 = YES
- 2 = NO

P_HS3a6a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Depression, anxiety, an eating disorder, or other emotional problems?

- 1 = YES
- 2 = NO

P_HS3a7a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Diabetes?

- 1 = YES {GOTO P_HS3a8a}
- 2 = NO {GOTO P_HSa9a}

P_HS3a8a

Does ^CHILD use insulin?

- 1 = YES
- 2 = NO

P_HS3a9a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

A heart problem, including Congenital Heart Disease?

- 1 = YES
- 2 = NO

P_HS3a10a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Blood problems such as Anemia or Sickle Cell Disease? Please do not include Sickle Cell Trait.

- 1 = YES
- 2 = NO

P_HS3a11a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Cystic Fibrosis?

1 = YES

2 = NO

P_HS3a12a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Cerebral Palsy?

1 = YES

2 = NO

P_HS3a13a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Muscular Dystrophy?

1 = YES

2 = NO

P_HS3a14a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Epilepsy or other seizure disorder?

1 = YES

2 = NO

P_HS3a15a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Migraine or frequent headaches?

1 = YES

2 = NO

P_HS3a16a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Arthritis or other joint problems?

1 = YES

2 = NO

P_HS3a19a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Dental problems?

1 = YES

2 = NO

P_HS3a21a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Repeated ear infections?

1 = YES

2 = NO

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Back or neck problems?

1 = YES

2 = NO

P_HS3a25a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Hypertension or high blood pressure?

1 = YES

2 = NO

P_HS3a26a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

AIDS?

1 = YES

2 = NO

P_HS3a27a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Sexually transmitted disease, such as Chlamydia or Gonorrhea?

1 = YES
2 = NO

P_HS3a28a

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Chronic bronchitis?

1 = YES
2 = NO

(To the best of your knowledge, does ^CHILD currently have any of the following:)

Other health problems?

1 = YES {GOTO P_HS3a32a}
2 = NO {GOTO P_HS3a33}

P_HS3a32

What other health problems does ^CHILD currently have?

PROBLEM:

Range: 50

Child Health & Services (Caregiver Instrument): items added for all respondents

Medication use

P_HS3a33

To your knowledge, has ^CHILD @bever taken any medication@b prescribed by a doctor or clinician for emotional or behavioral problems?

1 = YES
2 = NO

P_HS3a34

{IF GROUP = 2 FILL: in the last 12 months/IF GROUP = 3, FILL: since {START DATE OF LIVING ARRANGEMENT}}?Has a doctor or clinician {IF GROUP = 1: @bever@B} @recommended ^CHILD take medication@b for emotional or behavioral problems

1 = YES
2 = NO {GOTO P_HS4a}

P_HS3a35

After a doctor or clinician recommended ^CHILD take medication for emotional or behavioral problems, @b did ^CHILD start taking@b the medication?

1 = YES {GOTO P_HS3a38}
2 = NO

P_HS3a36

I'm going to read a list of reasons why some people sometimes choose not to take medication. Please respond yes to any of the reasons why ^CHILD is not taking medication.

CODE ALL THAT APPLY

1 = Insurance did not cover medication
2 = Concerns about side effects of the medication
3 = ^CHILD got better and didn't need medication any more
4 = Family or friends were concerned about ^CHILD taking medication
5 = Afraid of ^CHILD getting addicted
6 = Bad experiences with other clinicians prescribing medications
7 = ^CHILD changed providers
8 = Other reasons

P_HS3a37

[IF P_HS3a36 = 8, CONTINUE. ELSE, GOTO P_HS4a]

Please specify other reasons.

REASON:

Range: Allow 40

P_HS3a38

[IF WAVE = 1 AND GROUP = 3, FILL: Since {START DATE OF LIVING ARRANGEMENT}/ELSE, FILL:@bIn the past 12 months@b}, has ^CHILD taken any medication for emotional or behavioral problems?

1 = YES
2 = NO {GOTO P_HS3a40}

P_HS3a39

Is ^CHILD currently taking any medication for emotional or behavioral problems?

1 = YES {GOTO P_HS3a42}
2 = NO

P_HS3a40

I'm going to read a list of reasons why some people sometimes stop taking medication. Please respond yes to any of the reasons why ^CHILD is not still taking medication.

CODE ALL THAT APPLY

- 1 = Insurance did not cover medication
- 2 = Concerns about side effects of the medication
- 3 = ^CHILD got better and didn't need medication any more
- 4 = Family or friends were concerned about ^CHILD taking medication
- 5 = Afraid of ^CHILD getting addicted
- 6 = Bad experiences with other clinicians prescribing medications
- 7 = ^CHILD changed providers
- 8 = ^CHILD's living situation changed
- 9 = Doctor said to stop
- 10 = Doctor left or moved away
- 11 = Problems getting prescription from doctor's office
- 12 = Other
- 13 = Child refuses to take medication

P_HS3a41

[IF P_HS3a40 = 12, CONTINUE. ELSE, GOTO P_HS4a]

Please specify other reasons.

REASON:

Range: Allow 40

P_HS3a42

How many prescription medications is ^CHILD currently taking for emotional or behavioral problems?

NUMBER:

Allow: 1-10

P_HS3a43

INTERVIEWER NOTE: PLEASE ASK CAREGIVER TO GET MEDICATION BOTTLES FOR REFERENCE. IF MEDICATION BOTTLES ARE AVAILABLE, IT IS OKAY FOR YOU TO FIND THE NAMES ON THE LISTS AND ANSWER THE QUESTION ACCORDINGLY, JUST CONFIRMING WITH THE CG.

Please look at Card 20. Is ^CHILD currently taking any of these brand name medications for emotional or behavioral problems?

- 1 = YES {GOTO P_HS3a44}
- 2 = NO {GOTO P_HS3a45}

P_HS3a44

Please tell me which brand name medications ^CHILD is currently taking?

CODE ALL THAT APPLY.

1 = ABILIFY	35 = MELATONIN
2 = ADDERALL	36 = MELLARIL
3 = ANAFRANIL	37 = METADATE
4 = ARTANE	38 = METHYLIN
5 = ASENDIN	39 = MOBAN
6 = ATARAX	40 = NAVENE
7 = AVENTIL HCL	41 = NORPRAMINE
8 = BENADRYL	42 = ORAP
9 = CARBATROL	43 = PAMELOR
10 = CATAPRES	44 = PAXIL
11 = CELEXA	45 = PEXEVA
12 = CIBALITH	46 = PROLIXIN
13 = COGENTIN	47 = PROZAC
14 = COMPAZINE	48 = REMERON
15 = CONCERTA	49 = RISPERDAL
16 = CYLERT	50 = RITALIN
17 = CYMBALTA	51 = SEROQUEL
18 = DEPAKENE	52 = SERZONE
19 = DEPAKOTE	53 = SINEQUAN
20 = DESYREL	54 = STELAZINE
21 = DEXEDRINE	55 = STRATTERA
22 = EFFEXOR	56 = SURMONTIL
23 = ELAVIL	57 = SYMBYAX
24 = ESKALITH	58 = TEGRETOL
25 = FOCALIN	59 = TENEX
26 = GEODON	60 = THORAZINE
27 = HALDOL	61 = TOFRANIL
28 = LAMICTAL	62 = TOPAMAX
29 = LEXAPRO	63 = TRILAFON
30 = LIMBITROL	64 = VISTARIL
31 = LITHOBID	65 = WELLBUTRIN
32 = LOXITANE	66 = ZOLOFT
33 = LUDIOMIL	67 = ZYPREXA
34 = LUVOX	

P_HS3a45

Please look at Card 21. Is ^CHILD currently taking any of these generic medications for emotional or behavioral problems?

1 = YES {GOTO P_HS3a46}
2 = NO {GOTO P_HS3a47}

P_HS3a46

Please tell me which generic medications ^CHILD is currently taking?

CODE ALL THAT APPLY

1 = AMITRIPTYLINE	30 = LITHIUM CITRATE
2 = AMOXAPINE	31 = LOXAPINE

3 = AMPHETAMINE	32 = MAPROTILINE
4 = ARIPIPIRAZOLE	33 = MELATONIN
5 = ATOMOXETINE	34 = METHYLPHENIDATE
6 = BENZTROPINE	35 = MIRTAZAPINE
7 = BUPROPRION	36 = MOLINDONE
8 = CARBAMAZEPINE	37 = NEFAZODONE
9 = CHLORPROMAZINE	38 = NORTRIPTYLINE
10 = CITALOPRAM	39 = OLANZAPINE
11 = CLOMIPRAMINE	40 = PAROXETINE
12 = CLONIDINE	41 = PEMOLINE
13 = DESIMPAMINE	42 = PERPHENAZINE
14 = DEXMETHYLPHENIDATE	43 = PIMOZIDE
15 = DEXTROAMPHETAMINE	44 = PROCHLORPERAZINE
16 = DIPHENHYDRAMINE	45 = QUETIAPINE
17 = DIVALPROEX SODIUM	46 = RISPERIDONE
18 = DOXEPINE	47 = SERTRALINE
19 = DULOXETINE	48 = THIORIDAZINE
20 = ESCITALOPRAM	49 = THIOTHIXINE
21 = FLUOXTINE	50 = TOPIRAMATE
22 = FLUPHENAZINE	51 = TRAZODONE
23 = FLUVOXAMINE	52 = TRIFLUOPERAZINE
24 = GUANFACINE	53 = TRIHEXYPHENADYL
25 = HALOPERIDOL	54 = TRIMIPRAMINE
26 = HYDROXYZINE	55 = VALPROIC ACID
27 = IMIPRAMINE	56 = VENLAFAXINE
28 = LAMOTRIGINE	57 = ZIPRASIDONE
29 = LITHIUM CARBONATE	

P_HS3a47

How do you usually pay for the prescription medications your child is currently taking?

- 1 = OUT OF POCKET/SELF-PAY
- 2 = INSURANCE COVERS THE MEDICATIONS
- 3 = CHILD WELFARE AGENCY COVERS THE MEDICATIONS
- 4 = OTHER

Continuity of Care (caregiver instrument): items added for all respondents

P_HS1ia

Is there a place that ^CHILD usually goes when [fill he/she] is sick or you need advice about [fill his/her] health?

- 1 = YES
- 2 = THERE IS NO PLACE
- 3 = THERE IS MORE THAN ONE PLACE

P_HS1ib

[IF P_HS1ia = 2, CONTINUE. ELSE, GOTO P_HS1ja.]

What is the **main** reason ^CHILD does not have a usual source of health care?

- 1 = SELDOM OR NEVER GETS SICK
- 2 = RECENTLY MOVED INTO AREA
- 3 = DON'T KNOW WHERE TO GO FOR CARE
- 4 = USUAL SOURCE OF MEDICAL CARE IN THIS AREA IS NO LONGER AVAILABLE
- 5 = CAN'T FIND A PROVIDER WHO SPEAKS SAME LANGUAGE
- 6 = LIKES TO GO TO DIFFERENT PLACES FOR DIFFERENT HEALTH NEEDS
- 7 = JUST CHANGED INSURANCE PLANS
- 8 = DON'T USE DOCTORS/TREAT MYSELF
- 9 = COST OF MEDICAL CARE
- 10 = OTHER REASON

{GOTO P_HS1la}

P_HS1ja

[IF P_HS1ja = 1]: What kind of place is it -- a clinic, doctor's office, emergency room, or some other place?

[IF P_HS1ja = 3]: What kind of place does ^CHILD go to most often -- a clinic, doctor's office, emergency room, or some other place?

- 1 = CLINIC OR HEALTH CENTER
- 2 = DOCTOR'S OFFICE OR HMO
- 3 = HOSPITAL EMERGENCY ROOM
- 4 = HOSPITAL OUTPATIENT DEPARTMENT
- 5 = SOME OTHER PLACE
- 6 = DOESN'T GO TO ONE PLACE MOST OFTEN

P_HS1ka

Is that [IF P_HS1ja = 1-4, FILL RESPONSE FROM P_HS1Ja] the same place ^CHILD usually goes when [fill he/she] needs routine or preventive care, such as a physical examination or well child check-up?

- 1 = YES [GOTO P_HS1lb]
- 2 = NO

P_HS1la

What kind of place does ^CHILD usually go when [fill he/she] needs routine or preventive care, such as a physical examination or well child check-up?

- 1 = DOESN'T GET PREVENTIVE CARE ANYWHERE {GOTO P_HS1m}
- 2 = CLINIC OF HEALTH CENTER
- 3 = DOCTOR'S OFFICE OR HMO
- 4 = HOSPITAL EMERGENCY ROOM
- 5 = HOSPITAL OUTPATIENT DEPARTMENT
- 6 = SOME OTHER PLACE

7 = DOESN'T GO TO ONE PLACE MOST OFTEN

P_HS1b

Does ^CHILD usually see a **particular provider** at the place where [fill he/she] usually goes for routine or preventive care, such as a physical examination or well child check-up?

1 = YES

2 = NO

P_HS1m

@bDuring the past 12 months@b did ^CHILD receive a well child check-up, that is, a general check-up when [fill he/she] was not sick or injured?

1 = YES

2 = NO

P_HS1na

@bDuring the past 12 months@b did ^CHILD see a doctor or other health professional because [fill he/she] was sick or injured?

1 = YES

2 = NO

P_HS1o

DELETED.

P_HS1ob

@bDuring the past 12 months@b, was there any time when ^CHILD needed any of the following but couldn't get it because you couldn't afford it...CODE ALL THAT APPLY.

1 = Prescription medicines

2 = Mental health care or counseling

3 = Dental care (including check-ups)

4 = Eyeglasses

5 = NONE OF THE ABOVE

Child Insurance Status (Caregiver Instrument): questions revised for all respondents

P_HS168a

The next questions are about health care plans.

Is ^CHILD currently covered by some type of military health insurance, such as CHAMPUS, CHAMP-VA, TRICARE, or VA care?

1 = YES

2 = NO

P_HS169a

[IF P_HS168a = 1: Other than military health insurance, is ^CHILD covered by any other] /
[IF P_HS168a <> 1 Is ^CHILD covered by a] health insurance plan obtained through a
current or past employer or union? Please remember to include coverage ^CHILD may
have through another family member's plan.

1 = YES

2 = NO

P_HS170a

Medicaid is a program for health care for persons in need. It is different from Medicare,
which is a health insurance program for persons 65 and older and some disabled persons
under 65. [IF MEDIFILL NE NONE] The Medicaid program in [STATE FILL] is also called
[MEDIFILL].

At this time, is ^CHILD covered by Medicaid?

1 = YES {GO TO P_HS172a}

2 = NO

[IF P_HS170a = 2, DK OR REF AND CHILD, GO TO P_HS171A; ELSE GO TO P_HS172a]

P_HS171a

Is ^CHILD covered by {STATE NAME FOR CHIP), the state health insurance plan for
uninsured children?

1 = YES

2 = NO

P_HS172a

Is ^CHILD covered by the Indian Health Service?

1 = YES

2 = NO

P_HS173a

Is ^CHILD covered by **any other** type of health insurance that I have not mentioned, such
as Medicare or insurance purchased directly from an insurance company?

1 = YES

2 = NO

[IF P_HS168a = 2 AND P_HS169a = 2 AND P_HS170a = 2 AND P_HS171a = 2 AND P_HS172a = 2 AND P_HS173a = 2, GOTO P_HS175a.]

P_HS174a

Is ^CHILD covered under an HMO – that is a Health Maintenance Organization?

PROBE: With an HMO, you have to receive care from HMO doctors to have the cost covered unless you are referred by the HMO to some other doctor or there was a medical emergency.

1 = YES

2 = NO

3 = VOLUNTEERED: MULTIPLE PLANS AND IT VARIES

P_HS175a

[IF P_HS168a = 2 AND P_HS169a = 2 AND P_HS170a = 2 AND P_HS171a = 2 AND P_HS172a = 2 AND P_HS173a = 2, CONTINUE. ELSE, GOTO P_HS176a.]

Please look at Card 24. What is main reason ^CHILD does not have health insurance?

1 = Person in family with health insurance lost job or changed employers

2 = Got divorced or separated/death of spouse or parent

3 = Became ineligible because of age/left school

4 = Employer does not offer coverage/or not eligible for coverage

5 = Cost is too high

6 = Insurance company refused coverage

7 = Medicaid/Medical plan stopped after pregnancy

8 = Lost Medicaid/Medical plan because of new job or increase in income

9 = Lost Medicaid (other)

10 = Other

[GOTO P_HSEND]

P_HS176a

Did ^CHILD have this same insurance {IF CHILD AGE IS >1 fill: for all of the past 12 months/IF CHILD AGE IS <1, fill: since ^CHILD was born?

[IF MORE THAN ONE PLAN, ANSWER YES IF COVERAGE FOR ANY ONE PLAN WAS FOR ALL 12 MONTHS]

1 = YES

2 = NO

P_HS177a

During the past 12 months was there any time when ^CHILD did not have any health insurance?

1 = YES

2 = NO

{GOTO P_HSEND}

Psychological Adoption (Caregiver Instrument): questions added if children are in foster care

P_FC14

Now I'd like to ask you a few questions about your relationship with ^CHILD.

Do you ever wish you could raise ^CHILD?

1 = YES

2 = NO

P_FC15

How much would you miss ^CHILD if {FILL:he/she} had to leave? Would you say...

1 = A lot

2 = Somewhat

3 = A little

4 = Not at all

P_FC16

How much do you think your relationship with ^CHILD is affecting {FILL:him/her} right now? Would you say...

1 = A lot

2 = Somewhat

3 = A little

4 = Not at all

P_FC17

How much do you think your relationship with ^CHILD will affect {FILL:him/her} in the future? Would you say...

1 = A lot

2 = Somewhat

3 = A little

4 = Not at all

Sexual Activity (Child Instrument): questions revised from original instrument

Y_SX22a

How old were you this @bfirst@btime you had sex?

- 8 = 8 years old or younger
- 9 = 9 years old
- 10 = 10 years old
- 11 = 11 years old
- 12 = 12 years old
- 13 = 13 years old
- 14 = 14 years old
- 15 = 15 years old
- 16 = 16 years old
- 17 = 17 years old
- 18 = 18 years old or older

Y_SX23a

[IF Y_SX21a = 1 fill: Have you ever had sex that you wanted to happen or that was okay with you?] [IF Y_SX21a = 2/RF/DK fill: Have you ever had sex that was forced—that is, that was against your will?]

- 1 = Yes
- 2 = No [GO TO Y_SX25a]

Y_SX24a

How old were you the first time you had [IF Y_SX21a = 1 fill: sex that you wanted to happen or that was okay with you?] [IF Y_SX21a = 2/RF/DK fill: sex that was forced or against your will?]

- 8 = 8 years old or younger
- 9 = 9 years old
- 10 = 10 years old
- 11 = 11 years old
- 12 = 12 years old
- 13 = 13 years old
- 14 = 14 years old
- 15 = 15 years old
- 16 = 16 years old
- 17 = 17 years old
- 18 = 18 years old or older

Y_SX25a

[IF R IS MALE fill: Counting all your female partners, even those you had sex with only once, how many females have you had sex with @bin your life@b?]

[IF R IS FEMALE fill: Counting all your male partners, even those you had sex with only once, how many males have you had sex with @bin your life@b?]

- 1 = 1 partner
- 2 = 2 partners
- 3 = 3 – 5 partners

3 = 6 – 9 partners
4 = More than 10 partners

Y_SX26a

Have you had sex anytime in the past 12 months?

1 = Yes

2 = No [GO TO SXEND]

Y_SX27a

[IF R IS MALE]: In the past 12 months, how many females have you had sex with? Please count every female sexual partner, even those you had sex with only once, or if you did not know her well.

[IF R IS FEMALE]: In the past 12 months, how many males have you had sex with? Please count every male sexual partner, even those you had sex with only once, or if you did not know him well.

- 1 = 1 partner
- 2 = 2 partners
- 3 = 3 - 5 partners
- 3 = 6 - 9 partners
- 4 = More than 10 partners

Y_SX28a

The most recent time you had sex, what method or methods did you or your partner use to prevent a pregnancy? Please check all methods you or your partner used that time.

- 1 = We did not use any method
- 2 = Male condom
- 3 = Withdrawal ("pulling out")
- 4 = Birth control pill
- 5 = Birth control injection or "the shot"
- 6 = Birth control patch
- 7 = Other methods

Y_SX29a

How many times have you ever [IF R IS MALE fill: gotten someone pregnant?] [IF R IS FEMALE fill: been pregnant?]

- 0 = I have never (gotten anyone pregnant/ gotten pregnant) [GO TO Y_SX32a]
- 1 = once
- 2 = two times
- 3 = three times
- 4 = four or more times

Y_SX30a

How old were you the [first] time [IF R IS FEMALE fill: you got pregnant?] [IF R IS MALE fill: you got someone pregnant?]

- 10 = 10 years old
- 11 = 11 years old
- 12 = 12 years old
- 13 = 13 years old
- 14 = 14 years old
- 15 = 15 years old
- 16 = 16 years old
- 17 = 17 years old
- 18 = 18 years old or older

Y_SX31a

How many children have you had, including all children living with you or not?

- 0 = I have never had a child
- 1 = 1 child
- 2 = 2 children
- 3 = 3 or more children

Y_SX32a

Now I'm interested in knowing about any classes or special programs you might have taken part in that talked about sexual activity and health. Have you ever taken part in any classes or special programs at school, church, a community center or some other place about...

[SELECT ALL THAT APPLY.]

- 1= Saying no to sex
- 2= Ways people who have sex can prevent a pregnancy (birth control methods)
- 3= Condoms
- 4 = NONE OF THE ABOVE

{GOTOY_SXEND}

Case Investigation (Caseworker Instrument): questions added

C_CI3aa

Was this case handled as...

- 1 = An investigation
- 2 = An assessment
- 3 = An assessment that later resulted in an investigation
- 4 = Or something else?

C_CI3ab

Was there a @bcriminal@b investigation regarding this investigation/assessment?

- 1 = YES
- 2 = NO {GOTO C_CI4a}

C_CI3ac

Were charges files?

- 1 = YES
- 2 = NO

C_CI4a

USE CARD 2. Please look at Card 2 and tell me which child welfare or police department staff conducted this investigation/assessment.

CODE ALL THAT APPLY.

- 1 = A CPS OR CHILD WELFARE INVESTIGATOR
- 2 = A POLICE DEPARTMENT INVESTIGATOR
- 3 = OTHER CPS/CWS WORKER (WHO MAY PERFORM A VARIETY OF FUNCTIONS)
- 4 = JUVENILE PROBATION OFFICER
- 5 = OTHER (OUTSIDE OF CPS/CWS OR POLICE DEPARTMENT)

C_CI4aa

Who made the initial report to the authorities which led to the investigation/assessment?

- 1 = PARENT/GUARDIAN
- 2 = FOSTER PARENT
- 3 = NEIGHBOR
- 4 = TEACHER OR DAY CARE PROVIDER
- 5 = OTHER SCHOOL STAFF
- 6 = DOCTOR OR OTHER MEDICAL PROFESSIONAL
- 7 = RELATIVES
- 8 = ANONYMOUS CALLER
- 9 = OTHER

C_CI16a

Regardless of the outcome of the investigation/assessment, have any services been referred for, provided to, or arranged for the family? Referring the family for services includes suggesting to the client that services may be needed, or giving the client provider contact information. Arranging services for the family includes contacting a provider, completing the necessary paperwork, and/or making an appointment.

- 1 = YES
- 2 = NO {GO TO C_CI19a}

C_CI17a

What kind of services? (CODE ALL THAT APPLY.)

- 1 = COUNSELING FOR PARENT/CAREGIVER
- 2 = COUNSELING FOR CHILD
- 3 = MARITAL COUNSELING
- 4 = FAMILY COUNSELING
- 5 = CONCRETE SERVICES (FOOD, CLOTHING, SHELTER)
- 6 = TRANSPORTATION
- 7 = INCOME SUPPORT/EMERGENCYFINANCIAL ASSISTANCE
- 8 = HOUSING ASSISTANCE
- 9 = EMPLOYMENT SERVICES
- 10 = SUBSTANCE ABUSE TREATMENT FOR PARENT/CAREGIVER
- 11 = SUBSTANCE ABUSE TREATMENT FOR CHILD
- 12 = MENTAL HEALTH SCREENING OR ASSESSMENT FOR PARENT/CAREGIVER
- 13 = MENTAL HEALTH SCREENING OR ASSESSMENT FOR CHILD
- 14 = MENTAL HEALTH TREATMENT FOR PARENT/CAREGIVER
- 15 = MENTAL HEALTH TREATMENT FOR CHILD
- 16 = ORGANIZED SUPPORT GROUPS (ALCOHOLICS ANONYMOUS, PARENTS ANONYMOUS)
- 17 = PARENTING TRAINING
- 18 = CHILD CARE
- 19 = RESPITE CARE
- 20 = FOSTER CARE OR KINSHIP CARE SERVICES
- 21 = SPECIAL EDUCATION CLASSES OR SERVICES
- 22 = TUTORING
- 23 = INDIVIDUALIZED EDUCATION PLAN (IEP)
- 24 = INDIVIDUALIZED FAMILY SERVICES PLAN (IFSP)
- 25 = THERAPEUTIC NURSERY CARE
- 26 = THERAPEUTIC FOSTER CARE
- 27 = MEDICAL EXAM
- 28 = DENTAL EXAM
- 29= IMMUNIZATIONS
- 30 = HEARING OR VISION SCREENING
- 31 = DOMESTIC VIOLENCE SERVICES
- 32 = LEGAL SERVICES
- 33 = HOMEMAKER/CHORE SERVICES
- 34 = TANF/MEDICAID APPLICATION SERVICES
- 35 = ADVOCACY SERVICES (FOR HOUSING OR OTHER SERVICES)
- 36 = FINANCIAL PLANNING
- 37= OTHER, TO PARENT/CAREGIVER
- 38 = OTHER, TO CHILD

Risk Assessment (Caseworker Instrument): questions added

C_RA11aa

At the time of the investigation, was ^CHILD fearful of the home situation or people within the home?

- 1 = YES
- 2 = NO

C_RA11ba

At the time of the investigation, were ^CHILD's physical living conditions hazardous and immediately threatening?

- 1 = YES
- 2 = NO

C_RA11ca

At the time of the investigation, was ^CHILD involved in any delinquent or chronic CHINS behavior that may have resulted in negative consequences, such as arrests or probation?

- 1 = YES
- 2 = NO

C_RA11da

At the time of the investigation, was sexual abuse of ^CHILD suspected?

- 1 = YES
- 2 = NO

C_RA21aa

At the time of the investigation, did {fill PERMANENT PRIMARY CAREGIVER} exhibit very limited communication skills, such as a language barrier, that resulted in an inability to access resources?

- 1 = YES
- 2 = NO

C_RA21ba

At the time of investigation, did {fill PERMANENT PRIMARY CAREGIVER} describe or act toward child in predominately negative terms?

- 1 = YES
- 2 = NO